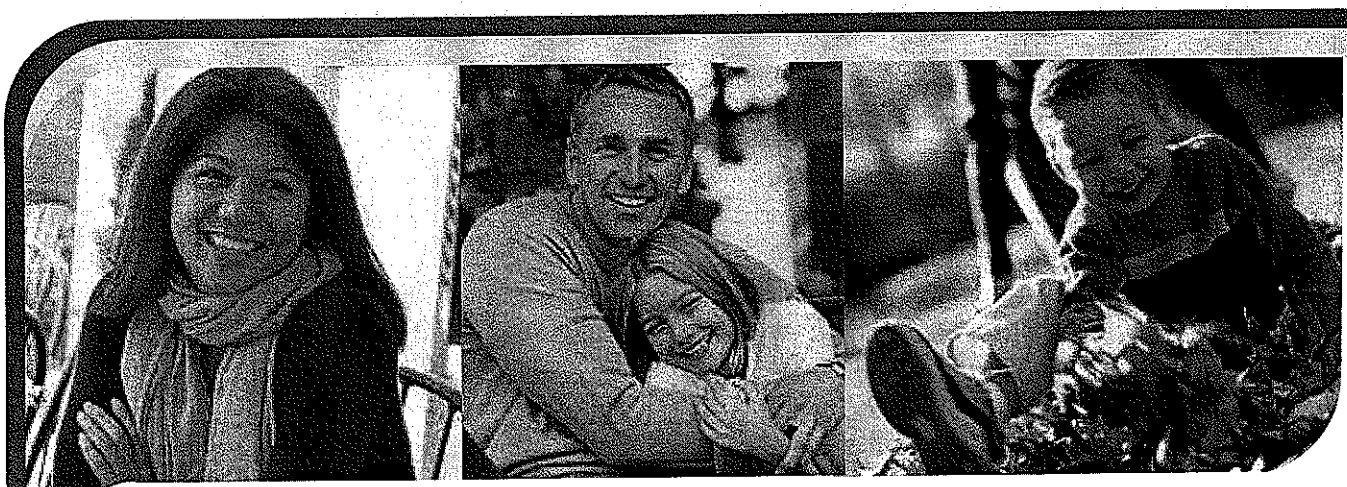
BlueCross® BlueShield®



PPO Blue Options℠ v.4

Summary of Benefits

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This health plan includes a tiered provider network called Preferred Blue PPO Options v.4. Members in this plan pay different levels of cost share (copayments, coinsurance, and/or deductibles) depending on the benefits tier of the provider furnishing the services. A provider's benefits tier may change. Overall changes to the benefits tiers of providers will happen no more than once each calendar year. For help in finding the benefits tier of a provider, visit the online provider search tool at **www.bluecrossma.com** and search for Preferred Blue PPO Options v.4.

✔ This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect as of January 1, 2011, as part of the Massachusetts Health Care Reform Law.

Your Choice

PPO Options v.4 is a preferred provider organization (PPO) health plan. You have the option of selecting providers who are part of the network (preferred providers) or providers who are outside the network (non-preferred providers). You'll generally receive a higher level of benefits—and pay lower out-of-pocket costs—when you choose in-network providers.

When You Choose Preferred Providers.

Within the network, certain preferred primary care physicians and preferred general hospitals are ranked into three benefits tiers based on cost and nationally accepted quality performance criteria selected by Blue Cross Blue Shield of Massachusetts.

Where you receive care will determine your out-of-pocket costs for most services under the plan. By choosing Enhanced Benefits Tier preferred providers each time you get care, you can generally lower your out-of-pocket costs.

- **Enhanced Benefits Tier**—Includes preferred providers in Massachusetts that meet the standards for quality and are low cost relative to our benchmark. You pay the lowest out-of-pocket costs when you choose providers in the Enhanced Benefits Tier.
- **Standard Benefits Tier**—Includes preferred providers in Massachusetts that meet the standards for quality and moderate cost relative to our benchmark and preferred hospitals that do not meet the standards for quality but are low or moderate cost relative to our benchmark. You pay mid-level out-of-pocket costs when you choose providers in the Standard Benefits Tier. Also includes providers without sufficient data for measurement on one or both benchmarks. To ensure members have provider access in certain geographic areas, the Standard Benefits Tier includes some providers whose scores would otherwise put them in the Basic Benefits Tier.
- **Basic Benefits Tier**—Includes preferred hospitals in Massachusetts that are high cost relative to our benchmark. Also includes preferred primary care providers in Massachusetts that did not meet the standards for quality and/or are high cost relative to our benchmark. You pay the highest out-of-pocket costs when you choose providers in the Basic Benefits Tier.

Note: PCPs were measured based on their HMO patients as part of their provider group, and hospitals were measured based on their individual facility performance. Provider groups can be composed of an individual provider, or a number of providers who practice together. Tier placement is based on cost and quality benchmarks where measurable data is available. Providers without sufficient data for either cost or quality are placed in the Standard Benefits Tier. Providers that do not meet benchmarks for one or the both of the domains and hospitals that use nonstandard reimbursement are place in the Basic Benefits Tier.

It is important to consider the tier of both your physician and the facility where your physician has admitting privileges before you choose a preferred primary care physician or receive care. For example, if you require hospital care and your Enhanced Benefits Tier preferred primary care physician refers you to an Enhanced Benefits Tier preferred hospital, you would pay the lowest cost sharing for both your physician and hospital services. Or, if your Enhanced Benefits Tier preferred primary care physician refers you to a Basic Benefits Tier preferred hospital for care, you will pay the lowest copayments for preferred primary care physician services, but the highest copayments for hospital services, except in an emergency.

Out-of-Pocket Maximum.

For in-network services, you are protected by a calendar-year out-of-pocket maximum. Only copayments for hospital admissions and ambulatory surgery admissions will be applied to your out-of-pocket maximum. When the money you have paid equals the amounts shown below, full coverage, based on the allowed charge, will be provided for these services for the remainder of that calendar year:

- Inpatient admissions in a general hospital:
  - **$600** per member for Enhanced Benefits Tier hospital admissions each calendar year
  - **$1,200** per member for Standard Benefits Tier and Basic Benefits Tier hospital admissions each calendar year
- Inpatient admissions in a mental hospital or substance abuse treatment facility:
  - **$600** per member each calendar year
- Outpatient day surgical admissions:
  - **$300** per member each calendar year

Copayments paid for Enhanced Benefits Tier hospital admissions will apply to the out-of-pocket maximum amount for Standard Benefits Tier and Basic Benefits Tier hospital admissions and vice versa.

How to Find a Preferred Provider.

There are several ways to find a preferred provider or find the tier designation of a preferred primary care physician or preferred general hospital:

- Look up a provider in your Provider Directory. If you need a copy of the directory, call Member Service at the number on your ID card.
- For Massachusetts providers, visit the Blue Cross Blue Shield of Massachusetts website at **www.bluecrossma.com**.
- For providers in other states, visit the BlueCard® Provider Finder website at **http://provider.bcbs.com**, or call the BlueCard Program at **1-800-810-BLUE (2583)**, 24 hours a day, seven days a week.

Note: In some out-of-state PPO service areas, different levels of preferred providers may not be available. In this case, your cost share will be the same as it would be for an Enhanced Benefits Tier preferred provider.

When You Choose Non-Preferred Providers.

You must pay a calendar-year deductible for most out-of-network services. The calendar year begins on January 1 and ends on December 31 each year. The deductible is **$150** per member (or **$300** per family). After the calendar-year deductible has been met, you pay **20 percent** co-insurance for most out-of-network covered services. When the money paid for the deductible and **20 percent** co-insurance equals **$3,000** for a member in a calendar year, benefits for that member will be provided in full, based on the allowed charge, for the rest of that calendar year. This provision does not apply to admissions in a skilled nursing facility. If you reach your out-of-pocket maximum you must still pay your co-insurance for admissions in a skilled nursing facility. Payments for out-of-network benefits are based on the Blue Cross Blue Shield of Massachusetts allowed charge as defined in your benefit description. You will be responsible for any difference between the allowed charge and the provider's actual billed charge (this is in addition to your deductible and/or your co-insurance).

Emergency Room Services.

In an emergency, such as a suspected heart attack, stroke, or poisoning, you should go directly to the nearest medical facility or call **911** (or the local emergency phone number). You pay a **$100** copayment per visit for in-network or out-of-network emergency room services. This copayment is waived if you are admitted to the hospital or for an observation stay. Additionally, because you may not have a choice during an emergency, if you are admitted for an inpatient stay from the emergency room, you will be responsible for an Enhanced Benefits Tier copayment regardless of the tier of the hospital.

Utilization Review Requirements.

You must follow the requirements of Utilization Review, which are Pre-Admission Review, Pre-Service Approval for certain outpatient services, Concurrent Review and Discharge Planning, and Individual Case Management. Information concerning Utilization Review is detailed in your benefit description. If you need non-emergency or non-maternity hospitalization, you or someone on your behalf must call the number on your ID card for pre-approval. If you do not notify Blue Cross Blue Shield and receive pre-approval, your benefits may be reduced or denied.

Dependent Benefits.

This plan covers dependents up to age 26, regardless of the dependent's financial dependency, student status, or employment status. Please see your benefit description (and riders, if any) for exact coverage details.

Your Medical Benefits

Plan Specifics	Your Cost In-Network	Your Cost Out-of-Network
Calendar-year deductible	None	$150 per member $300 per family
Covered Services		
Outpatient Care Emergency room visits	All Tiers: $100 per visit (waived if admitted or for observation stay)	$100 per visit, no deductible (waived if admitted or for observation stay)
Well-child care exams, including routine tests, according to age-based schedule as follows: • 10 visits during the first year of life • Three visits during the second year of life • One visit per calendar year from age 2 through age 18	Nothing	20% co-insurance after deductible
Routine physical exams, including related tests, for members age 19 or older (one per calendar year)	Nothing	20% co-insurance after deductible
Routine GYN exams, including related tests (one per calendar year)	Nothing	20% co-insurance after deductible
Routine hearing exams, including routine tests	Nothing	20% co-insurance after deductible
One hearing aid or one set of binaural hearing aids (up to $1,700 each 24 months*)	All charges beyond the benefit maximum	All charges beyond the benefit maximum
Routine vision exam (one every 24 months)	Nothing	20% co-insurance after deductible
Primary care physician visits at an office or health center	Enhanced Benefits Tier: $10 per visit Standard Benefits Tier: $15 per visit Basic Benefits Tier: $20 per visit	20% co-insurance after deductible
Specialists and other covered provider visits	$25 per visit	20% co-insurance after deductible
Mental health and substance abuse treatment	$10 per visit	20% co-insurance after deductible
Chiropractor office visits (up to 20 visits per calendar year)	$15 per visit	20% co-insurance after deductible
Short-term rehabilitation therapy—physical and occupational (up to 90 visits per calendar year**)	$15 per visit	20% co-insurance after deductible
Speech, hearing, and language disorder treatment—speech therapy	$15 per visit	20% co-insurance after deductible
Home health care and hospice services	Nothing	20% co-insurance after deductible
Oxygen and equipment for its administration	Nothing	20% co-insurance after deductible
Diagnostic X-rays, lab tests, and other tests, excluding CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	Nothing	20% co-insurance after deductible
CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	All Tiers: $100 per category per date of service	20% co-insurance after deductible
Durable medical equipment—such as wheelchairs, crutches, hospital beds	Nothing	20% co-insurance after deductible
Prosthetic devices	Nothing	20% co-insurance after deductible

* This includes dispensing fees and acquisition costs. You pay nothing for the first $500 of allowed charges; then 20% coinsurance up to the benefit maximum. No benefits are provided for the replacement of lost or broken hearing aids, replacement parts, or hearing aid repairs.

** No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care and for the treatment of autism spectrum disorders.

Your Medical Benefits (continued)

Covered Services	Your Cost In-Network	Your Cost Out-of-Network
Outpatient Surgery (and related anesthesia) • Office setting	Enhanced Benefits Tier:$10 per visit Standard Benefits Tier: $15 per visit Basic Benefits Tier: $20 per visit Other covered provider: $25 per visit	20% co-insurance after deductible
• Ambulatory surgical facility, hospital, or surgical day care unit	$150 per admission	20% co-insurance after deductible
Inpatient Care (and maternity care) General hospital care (as many days as medically necessary)	Enhanced Benefits Tier: $200 per admission Standard Benefits Tier: $400 per admission Basic Benefits Tier: $400 per admission	20% co-insurance after deductible
Mental hospital or substance abuse facility care (as many days as medically necessary)	$200 per admission	20% co-insurance after deductible
Chronic disease hospital care (as many days as medically necessary)	$200 per admission	20% co-insurance after deductible
Rehabilitation hospital care (up to 60 days per calendar year)	Nothing	20% co-insurance after deductible
Skilled nursing facility care (up to 45 days per calendar year)	Nothing	20% co-insurance after deductible
Prescription Drug Benefits At designated retail pharmacies (up to a 30-day formulary supply for each prescription or refill)	$10 for Tier 1 $25 for Tier 2 $50 for Tier 3	Not covered
Through the designated mail service pharmacy (up to a 90-day formulary supply for each prescription or refill)	$20 for Tier 1 $50 for Tier 2 $110 for Tier 3	Not covered

Get the Most from Your Plan

Visit us at **www.bluecrossma.com/membercentral** or call **1-800-782-3675** to learn about discounts, savings, resources, and special programs like those listed below that are available to you.

A Fitness Benefit toward membership at a health club (see your benefit description for details)	$150 per year, per individual/family
Reimbursement for a Blue Cross Blue Shield of Massachusetts designated weight loss program	$150 per year, per individual/family
Blue Care Line℠—A 24-hour nurse line to answer your health care questions—call **1-888-247-BLUE (2583)**	No additional charge

Questions? Call 1-800-782-3675.

For questions about Blue Cross Blue Shield of Massachusetts, visit the website at **www.bluecrossma.com**.
Interested in receiving information from Blue Cross Blue Shield of Massachusetts via e-mail?
Go to **www.bluecrossma.com/email** to sign up.

Limitations and Exclusions. These pages summarize the benefits of your health care plan. Your benefit description and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the benefit description and riders will govern. Some of the services not covered are: cosmetic surgery; custodial care; most dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, refer to your benefit description and riders.

Please Note: Blue Cross and Blue Shield of Massachusetts, Inc. administers claims payment only and does not assume financial risk for claims.

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